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Request for Extension of and Additional Resources
for the UNFPA Country Programme for the Philippines

Report of the Executive Director

1. The Executive Director requests that UNFPA's fourth programme of assistance to the Philippines be extended by one year, through the end of 1999, and that an additional amount of $6.4 million be approved for the programme, thereby raising the total funding authority to $41.4 million. The current country programme was approved by the Executive Board in June 1994 for the five-year period 1994-1998, in the amount of $35 million of which $25 million would be programmed from UNFPA regular resources and $10 million from other resources, including multi-bilateral resources. It is estimated that the total expenditures (regular and other) for the five-year period 1994-1998, will amount to $35.1 million. The additional amount of $6.4 million being requested will be used to cover the $0.1 million overexpenditure and activities for the bridging year 1999, specifically in the area of reproductive health, including family planning and sexual health.

2. The primary aim of the extension will be to allow all projects sufficient time to fully realize their objectives. The current programme experienced initial delays, particularly in the area of reproductive health, due to the fact that local government units (LGUs) needed time to adjust to their new role brought about by decentralization of power from the national government to the local level. In addition, a lengthy project formulation process was required as the field office sought to adopt the subprogramme approach for the first time and to ensure ownership by the different stakeholders.

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Establishing mechanisms for efficient project management under this new structure and the need to negotiate individual agreements with 18 provinces further contributed to the delay.

3. The approved $35 million will be fully utilized by the end of 1998 and additional resources will be required for the bridging period. This is due to the fact that expenditures during 1994-1998 also covered the finalization of project activities under 22 projects carried over from the third cycle of assistance (1989-1993). The implementation of the third cycle had been stagnant until a new government administration assumed office in 1992 and provided the necessary impetus and political support to speed up implementation. UNFPA and the Government considered it important to complete those unfinished projects while fulfilling the commitments made under the fourth country programme. The completion of the earlier projects required $5.5 million. In addition, UNFPA made available an amount of $1 million for injectable contraceptives, not originally budgeted, in order to prevent shortages of this method due to unforeseen budgetary cutbacks suffered by a major donor.

4. The current programme aims to assist the Government of the Philippines in revitalizing and decentralizing the national population programme as a means to achieve population growth and distribution consistent with sustainable development through: (a) expanding family planning coverage in underserved areas; (b) integrating population concerns in sectoral development programmes and projects; and (c) strengthening the capacity of key participating agencies.

5. In order to introduce innovations responding to the paradigm shift in population policy that emerged at the International Conference on Population and Development (ICPD) and so as to operationalize the reproductive health approach focusing greater attention on adolescents and gender issues and on meeting client needs, the projects under the current cycle were developed according to the subprogramme approach and focus on the following areas: (a) population policy; (b) gender, population and development; (c) adolescent health and youth development; and (d) reproductive health.

Implementation of the programme and findings of the mid-term review

6. A mid-term review (MTR) of the programme was conducted in January 1998. The review concluded that, in general, the UNFPA programme had been implemented effectively and was contributing significantly towards the goal of revitalizing and decentralizing the population programme as well as to improving the quality and access of reproductive health services. The review also noted that UNFPA had played an important role in donor coordination in the population field, particularly in ensuring the complementarity of the programmes of various donors. Overall, the objectives and strategies adopted in the four subprogrammes were found to remain valid, while,

at the same time, recommendations were made to adjust and reorient them to increase programme effectiveness during the remaining period.

7. The population policy subprogramme provides assistance to increase capacity at the local level for population and development planning as well as programme implementation in 26 LGUs and supports policy-making and planning through strengthening the data-collection and research capacity of relevant institutions such as the National Statistics Office and the Demographic Research and Development Foundation. The subprogramme has contributed significantly to increasing the institutional and technical capacities of front-line agencies such as the Department of Health (DOH), the National Economic and Development Authority (NEDA), the National Commission on the Role of Filipino Women (NCRFW), and the Commission on Population (POPCOM). The MTR highlighted the need for information sharing, technical consultations and regular coordination meetings.

8. The gender, population and development subprogramme aims at mainstreaming gender and population perspectives into development plans, programmes and policies and strengthening the capability of the women's movement to empower women, especially in the area of reproductive health. Unprecedented public attention has been given to gender and reproductive health issues in official circles like the national and local governments, as well as in the media, during the last three years. For example, press coverage of gender-related issues increased from 32 stories in 1995 to 83 in 1997. While it is difficult to directly attribute the increase in the number of articles on gender and population issues to the project, the media advocacy project which has trained at least 100 media practitioners of the targeted 120 has undoubtedly played an important role. The subprogramme also contributed to the finalization of the new anti-rape bill passed by Congress in September 1997 and the Women's Crisis Protection Act in February 1998, as well as to the passage of various local ordinances and resolutions supportive of women's health and reproductive rights. Support in policy advocacy included the training of 318 grassroots participants, 310 policy advocates, 365 LGU officials.

9. The adolescent health and youth development subprogramme aims to contribute to the reduction of the incidence of reproductive health problems in the age group 15-24 years and to strengthen the capacity of social institutions in government and private sectors to provide youth with appropriate and sustainable services. A national Young Adult Fertility and Sexuality Survey was conducted in April 1994. Support has also been provided to develop policies and modelling approaches addressing the reproductive health needs of youth; to revise the population education curricula at all levels and to develop support materials incorporating emerging reproductive health

concerns, reproductive rights and responsibilities, including the prevention of HIV/AIDS, and gender equality.

10. The reproductive health subprogramme consists of three tracks: the DOH track, the LGU track and the NGO track. The DOH track focuses on strengthening the management capacity of the DOH at the central level, in five regional offices and at 34 hospitals in various provinces through fellowships, training of personnel and provision of equipment. Under this track a national reproductive health/family planning baseline survey and an assessment of the quality of reproductive health/family planning service delivery in the UNFPA-assisted provinces were undertaken. The LGU track, which is supported with funding from the Government of the Netherlands, has contributed to the improvement of access to and quality of reproductive health programmes in underserved areas in 18 provinces, in five regions of the country. This is evidenced in the rising contraceptive prevalence rate in the target areas. Training is a major emphasis of this track and over 5,000 health personnel have been trained in reproductive health care and counselling. Also, repair and renovation of selected health stations and the provision of medical supplies and equipment has been supported. Under this track UNFPA has also sought to assist the Government in operationalizing, on an incremental basis, a 10-component package of reproductive health services.[1]

11. The NGO track provides support to a variety of innovative reproductive health activities undertaken by 16 NGOs in Metro Manila and selected provinces, including reproductive health services for commercial sex workers, youth hotlines, delivery of a full range of integrated quality reproductive health services, various approaches to increase male involvement, development of gender sensitivity training modules, and information, education and communication (IEC) and advocacy activities. This track has demonstrated that NGOs can ably complement the public health sector, particularly in addressing the needs of high-risk populations and hard-to-reach groups. Training and skills-building opportunities have been provided to over 800 NGO service providers. Also, 34 key NGO staff have received fellowships for advanced training on topics such as reproductive health and quality of care. However, sustainabilty and the relatively high cost of these services relative to the number of people served, remain major challenges.

12. To support reproductive health service delivery a comprehensive IEC component funded by the Government of Spain was developed under the subprogramme. A nationwide public service

[1] The ten components are: family planning; maternal care; prevention of abortion and management of its complications; prevention/treatment of reproductive tract infections (RTIs) and sexually transmitted diseases (STDs), including HIV; prevention/ management of infertility; prevention/ treatment of breast and cancer and cancer of the reproductive system; counselling and education on sexuality and sexual health; adolescent reproductive health; male reproductive health; and the prevention/management of violence against women.

campaign was launched in 1997 and included television advertisements, posters, brochures and a feature film with messages related to women's empowerment, responsible adolescent sexuality, family planning and maternal health. In the course of implementation of the reproductive health subprogramme a number of difficulties were encountered including the different timing in the implementation of the three tracks which affected synchronization of activities and the devolution of authority from central to local governments. The latter necessitated a long process of building LGU capacities, initially in providing family planning information and services, and then in expanding into other reproductive health services.

Proposed activities

13. During the remainder of 1998 and the bridging year 1999, under the respective subprogrammes on population and policy, gender, population and development, and adolescent health and youth development, efforts will focus on bringing all the projects to full completion. In the population and policy area, specific attention will be given to institutionalizing planning and training and developing databases customized to the needs of local planners. In the gender, population and development subprogramme, attention will focus on strengthening linkages among the various projects, as well as enhancing the interface with other projects in the UNFPA programme. Meanwhile, the adolescent health and youth subprogramme will be made an integral component of the reproductive health subprogramme. No additional funding is required for the completion of activities under these three subprogrammes.

14. The reproductive health subprogramme is undergoing major redirection covering 1998 and the bridging year, 1999. The main weakness identified by the MTR was that programme activities, especially those under the DOH and LGU tracks, were largely focused on only two of the ten components of reproductive health, namely, family planning and maternal and child health. Certain elements of the reproductive health programme package such as adolescent reproductive health, male reproductive health and the prevention of violence against women had not yet been implemented. Although some NGOs were delivering more comprehensive reproductive health services, most of the clients served were married women of reproductive age.

15. To address those issues, greater attention is now being focused on the service delivery components of adolescent reproductive health and the prevention/management of violence against women and to operationalizing the 10-component reproductive health service package. To facilitate that process, service protocols, guidelines on referral of services, monitoring checklists, performance indicators, training modules for adolescent reproductive health, prevention of violence against women and male reproductive health will be pilot-tested in three of the 18 LGU provinces. In the

remaining 15 provinces under the LGU track, activities will focus on the integration of STDs/HIV/AIDS and gender perspectives into family planning and maternal and child health services and on improving the quality of family planning and maternal and child health services. The LGU track will be expanded to three additional provinces, three cities and 24 communities in Mindanao under the joint United Nations-Southern Philippines Council for Peace and Development-National Economic and Development Authority Multi-Donor Assistance Programme. The continuation and completion of ongoing activities under the LGU track will require $1.7 million and the expansion of LGU activities to Mindanao will require $0.7 million. The total requirement of $2.4 million in 1999 for these activities will be funded through multi-bilateral resources. For the DOH track, the amount of $1.8 million will be required for the bridging year to strengthen management training and support the provision of equipment and supplies for 18 hospitals.

16. Under the NGO track of the reproductive health subprogramme, support will focus on utilizing NGOs to develop pilot initiatives in the areas identified by the MTR as requiring the greatest attention, i.e., service delivery approaches addressing the special needs of adolescents, men and high-risk groups, as well as the development of gender-sensitive service delivery approaches and the prevention and management of violence against women. The objective is to develop models for further expansion by other NGOs and for mainstreaming into the Government's service delivery system. The amount of $2.1 million would be required for this purpose. This component will be funded through resources from private sources.

Financial Summary

17. The table below provides a financial summary of the fourth country programme, including estimated expenditures through 1998, the end of the present programme period, as well as the additional funding required for 1999. It should be noted that during the period 1994-1998 UNFPA will have spent a total of $35.1 million against an approval of $35 million, of which $4.9 million is from multi-bilateral funding, provided by the Governments of the Netherlands and Spain, and $30.2 million from UNFPA regular resources. During the bridging year, in the maternal and child health/family planning(MCH/FP) sector, UNFPA plans to spend $6.3 million ($1.8 million from regular resources and $4.5 million from multi-bilateral resources). In addition, $0.1 million would be required from regular resources to cover past overexpenditure. The total additional amount required is $6.4 million.

Numbers in millions of $

Sector	Total approved by Governing Council 1994-98		Expenditures 1994-1998*		Additional approval authority requirements		Total 1994-1999	
	Regular	Other	Regular	Other	Regular	Other	Regular	Other
Basic Data Collection	0.5	--------	1.5	--------	--------	--------	1.5	--------
Population Dynamics	0.7	--------	0.8	--------	--------	--------	0.8	--------
Population Policy	2.4	--------	2.3	--------	--------	--------	2.3	--------
Family Planning	15.0	7.0	17.9	4.9	1.8	4.5	19.7	9.4
Information, Education & Communication	3.2	2.0	4.7	-------	--------	--------	4.7	--------
Special Programmes	2.7	1.0	2.5	-------	--------	--------	2.5	--------
Multi-Sector Programme Reserve	0.5	--------	0.5	--------	--------	--------	0.5	--------
TOTAL	25.0	10.0	30.2	4.9	1.8	4.5	32.0	9.4
Grand Total	**35.0**		**35.1**		**6.3**		**41.4**	

* Variations of expenditures as compared to approval among sectors for the period 1994-1998 are due to the following: Under MCH/FP, financial requirements exceeded the originally approved allocation because: (a) carry-over projects from the previous programme absorbed a substantial portion of the allocation; (b) UNFPA undertook an emergency procurement of injectable contraceptives costing $1 million, in order to avoid a supply gap in the field due to unforeseen budgetary cutbacks suffered by a major donor; and (c) IEC activities under the reproductive health/family planning subprogramme were built into the projects. In line with the increased requirements for reproductive health/family planning, the original allocations under IEC and gender, population and development were trimmed down and shifted to MCH/FP. Under the Basic Data Collection, the Young Adult Fertility and Sexuality Survey was not originally programmed; but in view of the felt need to address adolescent concerns, a key emerging issue, UNFPA responded to the Government's request to fund it.

Recommendation

18. The Executive Director recommends that the Executive Board approve the extension of the fourth programme of assistance for the Philippines through the end of 1999, and increase the funding authority by $1.9 million in regular resources and $4.5 million in other resources, including multi-bilateral resources, for a total additional amount of $6.4 million, raising the total funding authority of the programme to $41.4 million.

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